

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 103

CERTIFICATE OF DEATH

Reg. Dist. No. 66008 66

1. PLACE OF DEATH:

County GarrettCity or town Swanton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 Months

Hospital, institution, or street address where death occurred:

Deep Creek Lake - Harveys PeninsulaHow long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County GarrettCity or town R. D. #1 Swanton, Md
(If outside city or town limits, write RURAL and give nearest town)Street No. 6 Miles North Swanton, Md.

(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

John R. Angle

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mae Angle

7. Birth date of

deceased (mo., day, yr.)

December 28, 18808. (c) If alive, give age ----- years

8. AGE:

Years

Months

Days

If less than one day

6556

hrs.

min.

9. Birthplace

Ohio

(Town, county, and state)

10. Usual occupation

Retired Gas Worker

11. Industry or business

Natural Gas Co.

FATHER

12. Name

Henry Angle

13. Birthplace

Ohio

MOTHER

14. Maiden name

Unknown Kasler

15. Birthplace

Unknown

16. Informant

Mrs. Mae Angle

Address

R. D. #1 Swanton, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof June 3, 1946

(month) (day) (year)

Cemetery or crematory

to Uniontown

Location

18. Funeral director

Herbert C. Loughton

Address

Oakland, Maryland

19.

(Date rec'd by registrar)

June 3, 1946Julian Rowan

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 19 46, at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 June 19 46 to 2 June 19 46and that I last saw him alive on 3 June 19 46

Immediate cause of death

Abdominal hemorrhage
Excess, sudden

DURATION

15 minutes

Due to

No further information. Patient diedDue to within five minutes after physician
arrived at his home. Cause

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

A. E. Phares, M.D.
Oakland, Md Date signed 3 June 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 5 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

CERTIFICATE OF DEATH

Reg. Diat. No. 1632

1. PLACE OF DEATH:

County.....Sarrett
 City or town.....Bloomington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....17 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Garnett
 City or town.....Forestville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....2 World War

3. (a) FULL NAME

Loyal Otto Barnard

3. (b) Social Security Number

219-14-5826

4. Sex.....Male 5. Color of race.....White 6.(a) Single, married, widowed, or divorced.....married
 6.(b) Name of husband or wife.....Blanche S. Barnard
 6.(c) If alive, give age.....26 years
 7. Birth date of deceased (mo., day, yr.).....May 1, 1915
 8. AGE: Years.....31 Months.....01 Days.....20 hrs..... min.

9. Birthplace.....Bloomington-Sarrett-Md.
 (Town, county, and state)

10. Usual occupation.....Laborer

11. Industry or business.....W. Va. Plant & Paper Co

12. Name.....Washington Barnard

13. Birthplace.....Sarrett, County, Md.

14. Maiden name.....Julia W. Jones

15. Birthplace.....Md.

16. Informant.....Blanche Barnard

Address.....Bloomington, Md.

17. Date of death.....June 25, 46

18. Cause of death.....Myocardial infarction

Cemetery or crematory.....St. Paul's

Location.....6 mi W. of Bloomington

18. Funeral director.....E. Clavorth S. Bral

Address.....Westernport, Md.

19. Date rec'd by registrar.....6-25 1946

Registrar.....Dorothy Patton

MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 21 1946 at.....12 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....

and that I last saw him.....after death alive on.....

Immediate cause of death.....

During distraction of skull

Crushing injury to chest

Due to.....Crushing fracture right

rib

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....Accident Date of.....6/21/46

Where did injury occur?.....near Sand (City or town).....Garnett Md. (County)..... (State).....

Injured at home, farm, industry, public place (where?).....R.R. track

Means of injury.....Struck by train Injured at work?.....No

23. SIGNATURE.....E. D. Barnard

Address.....W. Va. M. D. or other.....

Date signed.....6/22/46

RECEIVED

JUN 26 1946

BUREAU V.S.

RECEIVED

JUN 26 1946

BUREAU V.S.

JUN 26 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:

County Garrett
 City or town Bloomington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Bloomington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Henry Jackson Beard

3. (b) Social Security Number

215-18-8214

4. Sex Vale 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Edith M. Beard
 6. (c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) 16 November 1885
 8. AGE: Years 60 Months 6 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Bloomington-Garrett-Maryland
 (Town, county, and state)

10. Usual occupation Miner

11. Industry or business Coal Mine

12. Name James Beard

13. Birthplace Martinsburg, Maryland

14. Maiden name Sarah Wolfe

15. Birthplace Bloomington, Maryland

16. Informant Paul Beard

Address Bloomington, Md

17. Burial Bloomington Cemetery Date thereof 12 June 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bloomington Cemetery

Location Bloomington, Maryland

18. Funeral director Ellsworth S. Boal

Address 111 Church St, Westernport, Md.

19. 6-12-46 (Date rec'd by registrar) 1946 Registrar Dorsey Patton

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 June 1946 19 46, at 8:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 to June 9

and that I last saw him alive on June 9 19 46

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James H. W. Beard M. D. or other _____

Address 111 Church St, Westernport, Md. Date signed 6/12/46

RECEIVED
JUN 13 1946
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52

CERTIFICATE OF DEATH

Reg. Dist. No. 06011/66

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Several Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) _____
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Quero
Mrs. Virginia B. Lewis.

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife Alec Lewis.
Deceased 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 4th, 1879

8. AGE: Years Months Days If less than one day
67 8 15 hrs. min.

9. Birthplace Petersburg, W. Va.
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business _____

FATHER 12. Name William Ours.

13. Birthplace Petersburg, W. Va.

MOTHER 14. Maiden name Elizabeth Ours.

15. Birthplace Petersburg, W. Va.

16. Informant Willie Lewis.

Address Oakland, Maryland.

11. Burial Date thereof June 22d/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland Cemetery.

Location Oakland, Maryland.

10. Funeral director Euroy D. Bolden

Address Oakland, Md.

16. June 22-46 Julius Rowan

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 19th 46 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from P.M.
May 20 1945 to June 19 1946
 and that I last saw him/her alive on June 19th 1946

Immediate cause of death Carcinoma of Right Ear and neck
with many Metastases

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Edward E. Bolden M. D. or other

Address Oakland, Maryland Date signed 6-21-46

RECEIVED

JUN 27 1946

BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B10)

CERTIFICATE OF DEATH

 66012 167
 ★ Reg. Dist. No.

1. PLACE OF DEATH:

County GarrettCity or town Rural Gorman
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 52 yearsHospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Rural Gorman
(If outside city or town limits, write RURAL and give nearest town)Street No. 6 Mi. West Gorman
(If rural, give LOCATION)

2.(a) If veteran, name war -----

3.(a) FULL NAME

James William Moon

3.(b) Social Security Number

235-34-2424

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
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6.(b) Name of husband or wife Sarah Upole Moon6.(c) If alive, give age 59 years7. Birth date of deceased (mo., day, yr.) December 11, 1885

8. AGE:	Years <u>61</u>	Months <u>6</u>	Days <u>--</u>	If less than one dayhrs.min.
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9. Birthplace Mineral Co., W. Va.
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Own Farm12. Name Isaac Moon13. Birthplace Garrett Co., Md.14. Maiden name Julia Ann Upole15. Birthplace Garrett Co., Md.16. Informant Mrs. James MoonAddress Gorman, W. Va. R. D. #117. Burial Date thereof June 14, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation 5 mi. West Gorman18. Funeral director Norbert P. LeightonAddress Oakland, Md.19. 6/14 19 46 Elmer C. Shaffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 19 46, 8:00 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-12 19 46 8-11-46and that I last saw him alive on 6-8-46 19 46Immediate cause of death Valvular Heart Lesion and Nephritis DURATION 1 yearHyper tensin

Due to -----

Due to -----

Other conditions -----

(Include pregnancy within 3 months of death)

Major findings of operations -----

Date of op. -----

Autopsy results -----

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of -----

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -----

Means of injury ----- injured at work?

23. SIGNATURE Edmond H. Shaffer M. D. or other 6-12-46Address Oakland, Maryland Date signed -----

RECEIVED

JUN 15 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

66C13
Reg. Dist. No. 172

1. PLACE OF DEATH:

County GarrettCity or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 70yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)Street No. no
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Sarah Elaine Rafter

3.(b) Social Security Number

NONE

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

WidowedB.(b) Name of husband or wife Claude Ebenezer Rafter

7. Birth date of deceased (mo., day, yr.)

Sept. 30, 1972

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

73818

hrs.

min.

9. Birthplace Antioch, Mineral Co., W.Va.

(Town, county, and state)

10. Usual occupation HouseworkOwn Home

11. Industry or business

FATHER 12. Name William Henry Pool13. Birthplace Near Martin, Min. Co., W.Va.MOTHER 14. Maiden name Elizabeth Janney15. Birthplace Near Keyser, Min. Co., W.Va.16. Informant H.L.Pool
Address Kitzmiller, Md.17. Burial Date thereof June 19, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Kitzmiller CemeteryLocation Kitzmiller, Md.18. Funeral director Otha F. SharplessAddress Blaine, W.Va.19. June 18 19 46 Andrew Beck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 18 19 46 at 3A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

13th June 1946 to June 18 1946
and that I last saw h. Dr alive on June 18 1946

Immediate cause of death

Broncho-Pneumonia 2 daysDue to cerebral hemorrhage 6 days

with left sided paralysis

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ralph Calandrella M.D. M. D. or otherAddress Kitzmiller, Md. Date signed June 18-46

RECEIVED
AUG 3 1945
BUREAU V F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

★ 06014 166

Reg. Dist. No.

1. PLACE OF DEATH:

County GarrettCity or town Rural Deer Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

Deep Creek LakeHow long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County WashingtonCity or town No. Charleroi,

(If outside city or town limits, write RURAL and give nearest town)

Street No. 421 Conrad Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war ---

3. (a) FULL NAME

Catherine Ritchey

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Wm. C. Ritchey

7. Birth date of deceased (mo., day, yr.)

January 4, 18736. (c) If alive, give age 75 years

8. AGE:

Years

73

Months

5

Days

3

If less than one day

.....hrs.min.

9. Birthplace

Bedford Co., Pa.

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own Home

FATHER

12. Name

James Jay

13. Birthplace

Bedford Co., Pa.

MOTHER

14. Maiden name

Hester Schmidt

15. Birthplace

Bedford Co., Pa.

16. Informant

W. J. Ritchey

Address

R. D. #2 Deer Park, Md.

17.

RemovalDate thereof June 7, 1946

(Burial, cremation, or removal, which?)

to Charleroi, Pa.

Cemetery or crematory

Location

18. Funeral director

Herbert C. Leighton

Address

Oakland, Maryland.

19.

June 7, 1946

(Date rec'd by registrar)

Julia A. Rowan

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1946 19 46 at 6:00A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

30 May 1946 to 7 June 1946and that I last saw her alive on 17 June 1946

Immediate cause of death

DURATION

bronchopneumonia

Due to

arterio sclerosis

Due to

hypertensive heart disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Rudolf E. Shaw MD

M. D. or other

Address

Oakland, Md

Date signed

7 June 1946

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, MASSACHUSETTS

MEDICAL CERTIFICATION

RECEIVED
JUN 27 1946
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(183)

Reg. Dist. No. 06015 172

1. PLACE OF DEATH:

County GarrettCity or town Shallmar
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3mon.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W.Va. County MonongaliaCity or town Morgantown
(If outside city or town limits, write RURAL and give nearest town)Street No. 52 Kingwood Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Betty Jane Sanders

3. (b) Social Security Number

234-32-7905

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Harold W. Sanders6. (c) If alive, give age 22 years7. Birth date of deceased (mo., day, yr.) May 13, 1925

8. AGE:

Years 21Months 1Days 14

If less than one day

.....hrs.min.

9. Birthplace Mt. Lake Park, Garrett Co., Md.
(Town, county, and state)10. Usual occupation Stenographer11. Industry or business Dr. office12. Name Robert Charles Marvel13. Birthplace Deer Park, Md.14. Maiden name Anna Mary Harvey15. Birthplace Garrett Co., Md.16. Informant Mrs. Anna Marvel,Address 52 Kingwood St., Morgantown, W.Va.

Burial

17. (Burial, cremation, or removal. Which?) Date thereof June 30, 1946
(month) (day) (year)Cemetery or crematory Hamill CemeteryLocation Kitzmilller, Md.18. Funeral director Otha F. SharplessAddress Blaine, W.Va.19. June 29 1946 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946 at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Hammered after death 1946and that I last saw h. alive on 1946

Immediate cause of death

Accidental Drowning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/27/46Where did injury occur? Shallmar, Garrett Co., Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where)? Potomac RiverMeans of injury Drowning Injured at work? he23. SIGNATURE D. J. Baumgartner M.D.Address Oakland Md Date signed 6/27/46

RECEIVED
JUL 6 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

★ 6016

Reg. Dist. No. 166

1. PLACE OF DEATH:

County GarrettCity or town Near Garrett Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? All his life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County GarrettCity or town Near Sangre m d
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Sherman Grant Savage

3. (b) Social Security Number

4. Sex 111 5. Color or race W 6. (a) Single, married, widowed, or divorced6. (b) Name of ~~deceased~~ wife Martha G. Savage7. Birth date of deceased (mo., day, yr.) Mar-11-1864 8. (c) If alive, give age 74 1 years8. AGE: Years 82 Months 2 Days 17 It less than one day _____ hrs. _____ min.9. Birthplace MD Garrett Co
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Cornelius Savage13. Birthplace MD14. Maiden name Fried15. Birthplace MD16. Informant Edward SavageAddress Hopwood Pa17. (Burial, cremation, or removal. Which?) Date thereof June 15-10-46
(month) (day) (year)Cemetery or crematory Oak Grove MDLocation Near Mr Henry MD18. Funeral director H. H. SavageAddress Frenchville MD19. (Date rec'd by registrar) 6/9/46 19 Julia A. Rowan
Registrar acting

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th. 19 46 at 6 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15th. 1946 to June 8th. 1946 and that I last saw him alive on May 25th 19 46Immediate cause of death Chronic myocarditis and myocardial degeneration

DURATION

Unknown

Due to _____

Due to _____

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____ M.D.

M. D. or other

Address Bruceton Mills, W. Va Date signed 6/9/46

DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED
JUN 27 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

66017
162

1. PLACE OF DEATH:

County Garrett
 City or town Grantsville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? (10) months
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Virginia County Pulaski
 City or town Hiawassee
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Charles R. Sisk Jr.

3.(b) Social Security Number

233-14-3038

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mrs Beth (Collins) Sisk
 6.(c) If alive, give age 26 years
 7. Birth date of deceased (mo., day, yr.) Feb. 14, 1915
 8. AGE: Years 31 Months 4 Days 14 If less than one day
 hrs. min.

9. Birthplace Hiawassee, Va.
 (Town, county, and state)
 10. Usual occupation Minister
 11. Industry or business

12. Name Charles R. Sisk Sr.
 13. Birthplace Pulaski County Va.
 14. Maiden name Carrie Covey
 15. Birthplace Pulaski County Va.

16. Informant Mrs Beth Sisk
 Address Grantsville, Md.
 17. Burial Date thereof July 2, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Woodlawn Memorial Park
 Location Bluefield, W. Va.

18. Funeral director Wm Winterberg
 Address Grantsville Md

19. June 29 1946 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 at 3:00 p.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Hammer after death
 and that I last saw him alive on 19

Immediate cause of death Accidental Drowning DURATION
 Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 6/28/46
 Where did injury occur? near Grantsville (City or town) Garrett (County) MD (State)
 Injured at home, farm, industry, public place (where?) Charlesman River Dam
 Means of Injury Drowning Injured at work? no
 23. SIGNATURE D. D. Baumgartner M.D. Deputy Med. Officer
Oakland MD M. D. or other 6/28/46
 Address Date signed

RECEIVED

JUL 2 1946

BUREAU V.S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

66018

Reg. Dist. No. 162

1. PLACE OF DEATH:
County Garrett
City or town Grantsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? from birth
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Grantsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

William Roy Speicher

3.(b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife None
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) February 6, 1938
8. AGE: Years 8 Months 4 Days 22 If less than one day hrs. min.

9. Birthplace Grantsville (Garrett) Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER 12. Name Hobert H. Speicher
13. Birthplace Accident, Md.

MOTHER 14. Maiden name Grace Hershberger
15. Birthplace Grantsville, Md.

16. Informant Daniel Hershberger
Address Grantsville, Md.

17. Burial Date thereof June 30, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Grantsville
Location Grantsville, Md.

18. Funeral director Alm Winterberg
Address Grantsville, Md.

19. June 29, 46 Ether Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 at 3:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Hammered after death to 19
and that I last saw him alive on 19

Immediate cause of death Accidental Drowning DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 6/28/46

Where did injury occur? Grantsville Garrett Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Casual man River Dam

Means of injury Drowning Injured at work? no

23. SIGNATURE D. J. Bauman M. D. or other Dest. Med.

Address Oakland Md Date signed 6/28/46

RECEIVED

JUL 2 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

CERTIFICATE OF DEATH

(6019)



Reg. Dist. No. 166

1. PLACE OF DEATH:

County GarrettCity or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 yrs.

Hospital, institution, or street address where death occurred:

Seventh StreetHow long in hospital or institution? ----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Oakland

(If outside city or town limits, write RURAL and give nearest town)

Street No. Seventh Street

(If rural, give LOCATION)

2.(a) If veteran, name war ----

3. (a) FULL NAME

George Warnick

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Blanche Murphy Warnick6. (c) If alive, give age 75 years7. Birth date of deceased (mo., day, yr.) May 10, 1865

8. AGE:

Years

81

Months

1

Days

15

If less than one day

.....hrs.min.

9. Birthplace Garrett Co., Md.

(Town, county, and state)

10. Usual occupation Merchant11. Industry or business Grain and Feed12. Name Henry Warnick13. Birthplace Garrett Co., Md.14. Maiden name Mahala Junkins15. Birthplace Garrett Co., Md.16. Informant Mrs. George WarnickAddress Oakland, Md.17. Burial

(Burial, cremation, or removal, Which?)

Date thereof June 27, 1946

(month) (day) (year)

Cemetery or crematory Oakland CemeteryLocation Oakland, Md.18. Funeral director Herbert C. LeightonAddress Oakland, Md.19. 6/26/46

(Date rec'd by registrar)

19. 46

(Date)

Julia Rowan

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 46 at 7:45A AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1941 to June 25 1946and that I last saw him alive on June 24 1946

Immediate cause of death

Chronic myocarditis
Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. J. Baumgartner M.D.Address Oakland Md Date signed 6/26/46

MASSACHUSETTS STATE DEPARTMENT OF HEALTH
BOSTON
CERTIFICATE OF DEATH

RECEIVED
JUL 12 1945
BUREAU V.E.